

SOMERSET COUNTY SURROGATE'S COURT



PROBATE OF WILL CASE INFORMATION FORM

Name of deceased _____

Legal residence at time of death _____

Date of death _____ Date of birth _____ Marital status _____

Will date _____ Will pages ____ Codicil date _____ Codicil pages ____

Name of Executor(s) _____

Address _____

Telephone _____ / _____

Next of kin	Relationship	Address

Number of certificates requested _____

Testamentary Trust
Yes ____ No ____ (If yes,
please complete and submit a
trust case information form)

Submitted by

Telephone _____

Fax _____

Fax (908-541-5061) or Email (surrogatesoffice@co.somerset.nj.us) completed Case Information form with copy of will and death certificate